

Authority: Public Act 368 of 1978, as mended.

**Instructions: Type or print only. Sign and return this form to the address listed above. Changes will not be made unless this form is signed.**

Current Name on License: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>		
EMS License Number: _____		
Date of Birth	Phone Number	U. S. Social Security Number

☐ 1. **NAME CHANGE:** You must attach a copy of the document legally changing your name. I request the Department to change my records due to a name change. Signature must be provided.

**New Name:** \_\_\_\_\_  
**(Print Clearly)**                      Last                      First                      Middle

Reason of Change: \_\_\_\_\_

☐ 2. **ADDRESS CHANGE:** I request the Department to change my record due to an address change.

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

☐ 3. **DUPLICATE LICENSE:** I have enclosed the required fee of \$10.00 for the license that I am requesting the Department to issue a duplicate for. Please check the reason why you are requesting the duplicate license:

☐ Data Change      ☐ Lost      ☐ Stolen      ☐ Not received      ☐ Destroyed

**You will not receive notification of the changes(s). You can check our web site after two weeks to confirm the change by selecting the “verify a license” link at <http://www.michigan.gov/ems>**

Signature:	Date:
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[www.michigan.gov/ems](http://www.michigan.gov/ems)